



SOUTHWEST WASHINGTON HEALTH DISTRICT

Clark County Health Center
PO Box 1870
1950 Fort Vancouver Way
Vancouver WA 98663
(360) 397-8428
Fax (360) 397-8084

Skamania County Health Center
PO Box 162
683 Rock Creek Drive
Stevenson WA 98648
(509) 427-5138
Fax (509) 427-5272

MEMORANDUM OF AGREEMENT FOR COMMISSARY USAGE

The following licensed **FOOD SERVICE ESTABLISHMENT**:

FOOD SERVICE ESTABLISHMENT	
_____	_____
dba/Name of Food Service Establishment	ID #
_____	_____
Address	City
_____	_____
Owner Signature	Date
_____	_____
Printed Name and Title	Day Phone Number

does hereby agree to provide access and use as a Commissary to the owner and employee(s) of

MOBILE FOOD UNIT/ CATERER	
_____	_____
dba/Name of Mobile Food Unit or Caterer	ID #
_____	_____
Address	City
_____	_____
Owner Signature	Date
_____	_____
Printed Name and Title	Day Phone Number

The above licensed **FOOD SERVICE ESTABLISHMENT** is to be used for **all** preparation and storage of food items, dishwashing activities as needed, and mobile unit servicing needs.

In the event either party terminates the Memorandum of Agreement for Commissary Usage, the **MOBILE FOOD UNIT/CATERER** permit is immediately suspended and all food and beverage operations shall immediately cease. The owner/operator of the **MOBILE FOOD UNIT/CATERER** must secure the services of another approved **FOOD SERVICE ESTABLISHMENT** and provide another signed Memorandum of Agreement for Commissary Usage to the Southwest Washington Health District. This agreement becomes invalid if the above **FOOD SERVICE ESTABLISHMENT** does not have and maintain a valid Food Establishment Permit. This agreement is subject to approval by the Southwest Washington Health District.

THIS AGREEMENT EXPIRES DECEMBER 31ST OF THE YEAR SIGNED

_____	_____
Health Officer	Date